CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

2005 AUG -7 PM 2: 38

Date Received

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Please type or print in ink			Will Attack	
NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
LEA	JAne		(209)329-6112	
MAILING ADDRESS S	TREET CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS	
(May use business address)	Holly Dr.	, Lodi, CA 9	5242	
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1. Office, Agency, or Court		4. Schedule Sum	4. Schedule Summary	
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1. Office, Agency, or Court	4. Schedule Summary	
Name of Office, Agency, or Court:	Total number of pages including this cover page:	
Division, Board, District, if applicable: City Council Member Your Position:	Check applicable schedules or "No reportable interests." I have disclosed interests on one or more of the attached schedules;	
If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.) Agency:	Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership) Schedule A-2 Yes – schedule attached Investments (10% or greater Ownership)	
Position:	Schedule B Real Property	
2. Jurisdiction of Office (Check at least one box)	Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)	
State Gounty of	Schedule D Yes – schedule attached	
City of Loci	Schedule E	
Other	-or-	
3. Type of Statement (Check at least one box)	No reportable interests on any schedule	
Assuming Office/Initial Date:/	5. Verification	
Annual: The period covered is January 1, 2005, through December 31, 2005. O The period covered is/, through December 31, 2005.	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.	
Leaving Office Date Left:/(Check one)	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
O The period covered is January 1, 2005, through the date of leaving office.	Date Signed 8-7-06 (month, day, year)	
O The period covered is/, through the date of leaving office.	Signature File the originally signed statement with your filing official.)	

FPPC Form 700 (2005/2006) FPPC Toll-Free Helpline: 866/ASK-FPPC

Candidate